

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)CITIZENS FOR PHILIPS**IMPORTANT:** Indicate by # type of committee you are reporting for:(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

DAN O'S. PHILIPS

Political Party (if applicable)

DEM

Office Sought

Texas House - 200

District (if Senate or House)

99Dec. Phils**SIGNATURE OF PERSON FILING REPORT****TELEPHONE**712-327-6836**DATE SIGNED****FORM
DR-2**

(Rev. 07/2004)

**DISCLOSURE
REPORT****For Office Use Only**Comm. # 1593

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to
possible civil and criminal
penalties.

I AM FILING A

OCT. 19, 2004

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1☒ CHECK IF AMENDMENT TO REPORT DATEDOCT. 19, 2004☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)fax

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$

7216.88**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5780.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

12 996.88**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....

5082.07

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must
be zero) (Attach DR-3)

\$

7914.81****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

0***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

62.93****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

0**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☒ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

0

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILIPSOCT 19 2004

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) ~~State Party~~ (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) ~~County Candidate~~ (8) Political Subdivision Candidate (9) County PAC (10) City PAC (11) School Board or Other Political Subdivision PAC (12) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

DAVID J. PHILIPS

Political Party (if applicable)

DEM

Office Sought

FLORIDA HOUSE OF REPRESENTATIVES

District (if Senate or House)

99**FORM
DR-2**

(Rev. 07/2004)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1593

Logged In

SW

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT

Phc. PRC

TELEPHONE

712 328 6836

DATE SIGNED

10-16-04I AM FILING A OCT 19, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HANDCASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ 7216.88**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5780.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

12996.88**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

5082.07

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (If final report balance must be zero) (Attach DR-3)

7910.81****UNPAID BILLS** (From Schedule D - Attach Schedule D)0****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)62.93****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)0**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐

YES

☒

NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILLIPS

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTSCHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/16/04	ID# CK# 2142	DAVID DEYOR 1945 PRAIRIE RD. #101 COUNCIL BLUFFS, IA 51503		\$ 99 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 2027	ROBERT MAIL 8 SPENCER CIR COUNCIL BLUFFS, IA 51503		99 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 4953	STEVE GORMAN 19865 ELMA LANE COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 2778	RANDALL SCHROEDER 601 ROOSEVELT AVE COUNCIL BLUFFS, IA 51503		99 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 1611	CHRIS SORINSON 58 COTTAGE COUNCIL BLUFFS, IA 51503		99 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 1663	MIKE MURRAY 25215 BURLAN AVE COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 1705	JUSTIN JAMES 21262 HOMESTEAD AVE COUNCIL BLUFFS, IA 51503		99 ⁰⁰	<input type="checkbox"/>
7/15/04	ID# CK# 452	JAMES THORN 5645 N. CLARK #3 CHICAGO, IL 60660		250 ⁰⁰	<input type="checkbox"/>
7/15/04	ID# CK# 1950	DONITA MARTIN 1523 N. BROADWAY COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 995

TOTAL (if last page of this schedule)

\$

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Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

108210000

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILLIPS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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08/10/04	ID# CK# 3352	NORMA UHLB 231 ELMWOOD DR COUNCIL BLUFFS, IA 51503		\$ 30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 11199	RODNEY CAMERON 3 SUMMIT CIR COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 5548	GAIL KINKEL 407 W. BRANHAM COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 8870	PAMELA COLLINS 325 NORTH AVE #10 COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1889	KEN RAINS 4800 EUCLID AVE DES MOINES, IA 50310		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 6501	RUSSELL LEFT 1020 N. 26 ST. COUNCIL BLUFFS, IA 51501		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 4913	CARL KEITH 415 OAKLAND AVE COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1019	PAUL SEELMAN 1953 PARKWILD #118 COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1789	MAEWIN ARNOLD 11 S. 1ST COUNCIL BLUFFS, IA 51501		25 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 6310	WONNIE WELSHAW 141 DRAKE ST. SWAN, IA 50252		25 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 290

TOTAL (if last page of this schedule)

\$

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Page 2 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILIP

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/10/04	ID# CK# 9789	RONALD + MARINA HEITMAN 384 KEELINE AVE COUNCIL BLUFFS, IA 51503		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 4601	JAMES DOYLE 1331 S. 91 OMAHA, NE 68124		250 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 3188	PAM MILLER 1534 ORAN CIR COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 2483	PAUL SHOMSHOR 3018 AVE M COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 10535	CAROL MATTHEW 225 HUNTINGTON COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 3774	LINDA STEENS CAND 19351 MONUMENT ROAD COUNCIL BLUFFS, IA 51503		60 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1755	JUDITH MALLORY 205 SKYLINE DR COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1328	KENNETH JAMES 26075 HINWAY K45 OMAHA, IA 51040		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 5808	JUDY MILLER 110 SELDEN COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1110	ALAN WEGMAN 3035 AVE L COUNCIL BLUFFS, IA 51501		20 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 765⁰⁰

TOTAL (If last page of this schedule)

\$

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Page 3 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)CITIZENS FOR HILL**SCHEDULE****A**

(Rev. 07/03)

**MONETARY
RECEIPTS**CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/10/04	ID# CK# 2612	AILENE TAMMAMILL 3013 12 AVE COUNCIL BLUFFS, IA 51501		\$ 20.00	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 5562	EDWARD BLENMER 1232 FAIRMONT AVE COUNCIL BLUFFS, IA 51503		10.00	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 5084	TAMARA PAUCH 391 ELMWOOD DR. COUNCIL BLUFFS, IA 51503	Sister	150.00	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 4985	STEVE GORMAN 19865 EKMA LANE COUNCIL BLUFFS, IA 51503		50.00	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 6261	JACK MCCOY 21005 HINCH 92 COUNCIL BLUFFS, IA 51503		50.00	<input checked="" type="checkbox"/>
08/10/04	ID# Act# 6331 CK# 1044	TEAMSTER LOCAL 554 4349 SOUTH 90TH OMAHA, NE 68127		500.00	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 2302	G.K. MAIBY 500 WILLOW AVE #210 COUNCIL BLUFFS, IA 51503		50.00	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 8208	GARY JAMES 17922 BENT TELL RD COUNCIL BLUFFS, IA 51503		100.00	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 7639	BETHA WILCOX 403 GLEN AVE COUNCIL BLUFFS, IA 51503		60.00	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1127	JAMES THORP 310 KAMELILLE BLVD COUNCIL BLUFFS, IA 51503		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1090

TOTAL (if last page of this schedule)

\$

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Page 4 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILLIPS

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/10/04	ID# CK# 2004	JOHN FERNANDEZ 25 SCARLET OAKS LANE COUNCIL BLUFFS, IA 51503		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
10/01/04	ID# CK# 5980	RICHARD CHRISTIE 233 TURKEY AVE COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input type="checkbox"/>
10/03/04	ID# CK# 4306	TOM READY 2245 YORKTOWN RD. DUBUQUE, IA 52002		50 ⁰⁰	<input type="checkbox"/>
10/04/04	ID# CK# 13234	ISEA-PAC 777 3RD ST. DES MOINES, IA 50304		500 ⁰⁰	<input type="checkbox"/>
9/24/04	ID# CK# 1467	IAFF (AFL-CIO) 1750 NEW YORK AVE NW WASHINGTON D.C. 20006		500 ⁰⁰	<input type="checkbox"/>
09/27/04	ID# CK# 11863	MISSOURI STATE COUNCIL OF FIREFIGHTERS 6320 MANHATTAN AVE SUITE 414 KANSAS CITY, MO 64133		100 ⁰⁰	<input type="checkbox"/>
09/27/04	ID# CK# 713	JACK REED 427 CRESTVIEW AVE OTTUMWA, IA 52501-1229		100 ⁰⁰	<input type="checkbox"/>
09/20/04	ID# CK# 2014	CWA - COUNCIL OF STATE & IOWA CODE FUND 369 CALIFORNIA ST. WATERLOO, IA 50703		100 ⁰⁰	<input type="checkbox"/>
09/22/04	ID# CK# 7418	I.B.E.W. EDUCATION COMMITTEE 1125 15TH ST. N.W. WASHINGTON D.C. 20005		100 ⁰⁰	<input type="checkbox"/>
09/12/04	ID# CK# 1016	ELECTION PAC #6080 4211 GRAND AVE DES MOINES, IA 50312		250 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 1750

TOTAL (if last page of this schedule)

\$

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Page 5 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)CITIZENS FOR PHILLIPS**SCHEDULE****A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/14/04	ID# CK# 000787	HANDMAID REGIONAL COUNCIL CAREGIVERS 201 E. 3RD ST #8027 STERLING, IL 61084-3945		\$ 500 ⁰⁰	<input type="checkbox"/>
10/16/04	ID# CK# 522	LOCAL FIRE PAC #6314 P.O. BOX 1821 DEL MAR, CA 92036		100 ⁰⁰	<input type="checkbox"/>
10/07/04	ID# CK# 3240	MICHAEL MATTOX 225 HUNTINGTON AVE COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input type="checkbox"/>
10/11/04	ID# CK# 3330	EDMUND MCBINN 205 KEELEWEE AVE COUNCIL BLUFFS, IA 51503		40 ⁰⁰	<input type="checkbox"/>
10/11/04	ID# CK# 1120	WASHINGTON STATE COUNCIL FIREfighters 1069 ADAMS ST. S.E. OLYMPIA, WA 98501		200 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 890

TOTAL (If last page of this schedule)

\$ 5780

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Page 6 of 6
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILLIPS

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/19/04	ID# CK# 1001	UNIONIST PRINTING 1309 N.W. RADIAL HIGHWAY OMAHA, NE 68132	PRINTING RECEIPTS/ FUND- RAISING CAMPS	\$ 949.00
08/03/04	ID# CK# 1003	BAYLIS PARK MAIL COUNCIL BLUFFS, IA 51503	MAIL RENTAL FOR FUNDRAISING	150.00
08/03/04	ID# CK# 1002	US POSTAL SERVICE COUNCIL BLUFFS, IA 51503	POSTAGE FOR FUNDRAISING	222.00
08/16/04	ID# CK# 1004	CORI STOPAK 377 HAMWOOD DR COUNCIL BLUFFS, IA 51503	FOOD FOR FUNDRAISING	317.66
08/22/04	ID# CK# 1005	IOWA DEMOCRATE PARTY	CAMPAIGN MAILING	1060.00
09/23/04	ID# CK# 1006	TARLETT MAIL OF BLUFFS	PRINT CARDS/SLIPS + PRINTING FOR FUNDRAISING	72.51
09/22/04	ID# CK# 1007	US POSTAL SERVICE COUNCIL BLUFFS, IA 51503	POSTAGE FOR CAMPAIGN MAILING	341.00
10/5/04	ID# CK# 1009	UNIONIST PRINTING 1309 N.W. RADIAL OMAHA, NE 68132	YARD SIGNS	1203.75
SUB-TOTAL				\$ 4316.01
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR AMES

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-05-04	ID# CK# 1010	UNION-BT PRINTING 1309 N.W. RADIAL HIGHWAY OMAHA, NE 68132	POSTCARD MAILING PAPER	\$ 490 ⁰⁶
	ID# CK# 1008	US POSTAL SERVICE COUNCIL BLUFFS, IA 51503	MAILING (CAMPAIGN)	276 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 766 ⁰⁶
TOTAL (If last page of this schedule)				\$ 580 ⁰⁶

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

CIRCUS FOR PHILIP

SCHEDULE
E
(Rev. 06/97)IN KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
07/19/04	PETER C PHILIP 817 IRONWOOD CT COUNCIL BLUFFS IA 51503	BROTHER	FAX CHARGE FOR STATE READER	\$ 11 ²⁴	<input type="checkbox"/>
08/04/04	GARY PHILIP 391 ELMWOOD DR COUNCIL BLUFFS IA 51503	MOTHER	FUND RAISER FOOD UTENSILS	\$ 51 ⁶⁹	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 62⁹³TOTAL (If last
page of this
schedule) \$ 62⁹³

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)